

MDR Tracking Number: M5-04-3188-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution- General, 133.307 and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. This dispute was received on 05-24-04.

The IRO reviewed office visits, ultrasound therapy, electrical stimulation, neuromuscular re-education, manual therapy techniques and spinal chiropractic manipulative treatments 3 to 4 regions rendered from 12-08-03 through 01-12-04 that were denied based upon "V".

The Medical Review Division has reviewed the IRO decision and determined that the **requestor prevailed** on the issues of medical necessity. Therefore, upon receipt of this Order and in accordance with §133.308(r)(9), the Commission hereby orders the respondent and non-prevailing party to **refund the requestor \$460.00** for the paid IRO fee. For the purposes of determining compliance with the order, the Commission will add 20-days to the date the order was deemed received as outlined on page one of this order.

In accordance with §413.031(e), it is a defense for the carrier if the carrier timely complies with the IRO decision.

Based on review of the disputed issues within the request, the Medical Review Division has determined that **medical necessity was not the only issue** to be resolved. This dispute also contained services that were not addressed by the IRO and will be reviewed by the Medical Review Division.

On 07-12-04, the Medical Review Division submitted a Notice to requestor to submit additional documentation necessary to support the charges and to challenge the reasons the respondent had denied reimbursement within 14-days of the requestor's receipt of the Notice.

CPT code 99080-73 (work status report) for date of service 12-23-03 denied with a V denial code, however is reviewed as a fee issue as this is a TWCC required report. Per Rule 129.5 the requestor failed to submit relevant information to support delivery of service, therefore no reimbursement is recommended. CPT code 98941 for date of service 01-27-04 is also reviewed for reimbursement per Rule 133.304(c) as no explanation of benefits was provided. The respondent raised no other reason for denial of CPT code 98941 for date of service 01-27-04, therefore reimbursement in the amount of \$45.74 is recommended.

ORDER

Pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay for the unpaid medical fees in accordance with the fair and reasonable rate as set forth in Commission Rule 133.1(a)(8) plus all accrued interest due at the time of payment to the requestor within 20-days of receipt of this order. This Decision is applicable for dates of service 12-08-03 through 01-27-04 in this dispute.

This Findings and Decision and Order are hereby issued this 17th day of August 2004.

Debra L. Hewitt
Medical Dispute Resolution Officer
Medical Review Division

DLH/dlh

NOTICE OF INDEPENDENT REVIEW DECISION

August 13, 2004

Rosalinda Lopez
Program Administrator
Medical Review Division
Texas Workers Compensation Commission
7551 Metro Center Drive, Suite 100, MS 48
Austin, TX 78744-1609

RE: Injured Worker:
MDR Tracking #: M5-04-3188-01
IRO Certificate #: IRO4326

The Texas Medical Foundation (TMF) has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to TMF for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

TMF has performed an independent review of the rendered care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a matched peer with the treating health care professional. This case was reviewed by a health care professional licensed in chiropractic care. TMF's health care professional has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for a determination prior to the referral to TMF for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

Clinical History

This 30 year-old male suffered a back injury due to a motor vehicle accident on ____, resulting in continued lower and mid-back pain with radicular pain to his right arm and leg. A magnetic resonance imaging study performed on 11/20/03 showed a lumbar 4-5 protrusion or herniation minimally indenting the thecal sac. He has been treated with chiropractic modalities, medications, occupational therapy, and epidural steroid injections.

Requested Service(s)

Office visits (99212, 99213), ultrasound (97035), electrical stimulation (97032), neuromuscular re-education (97112), manual therapy techniques (97140), and spinal chiropractic manipulative treatments, 3 to 4 regions (98941) for dates of service 12/08/03 through 01/12/04

Decision

It is determined that the office visits (99212, 99213), ultrasound (97035), electrical stimulation (97032), neuromuscular re-education (97112), manual therapy techniques (97140), and spinal chiropractic manipulative treatments, 3 to 4 regions (98941) for dates of service 12/08/03 through 01/12/04 were medically necessary to treat this patient's condition.

Rationale/Basis for Decision

The medical records submitted adequately document the medical necessity for the passive physical medicine treatments rendered during the 24-day period from 11/18/03 through 12/12/03 and the three chiropractic manipulations performed weekly from 12/30/03 through 01/12/04. Based on the injury the patient sustained, the treating doctor's care for the dates in question was indicated, appropriate, and medically necessary.

Sincerely,